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**POWER OF ATTORNEY**

I,

**Dorothy Whitaker**

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**2116 Fernglen Way**

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**Catonsville, MD 21228**

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**(410) 404-8834**

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hereby designate the law firm of **TULLY RINCKEY, PLLC** to serve as my attorneys in all matters relating to and/or arising out of my employment by the federal government of the United States of America. I authorize all branches, agencies, appointees, officials, and employees of the federal government of the United States of America, as well as of the governments of any State, County, or Municipality in the United States, to fully communicate with and release to my herein designated attorneys any and all information related to me and my employment by the federal government as deemed necessary, as a waiver of my rights under the Privacy Act, 5 U.S.C. § 552a. This Power of Attorney will remain in effect until withdrawn by me and/or my designated attorneys.

Date: 30 May 2015

Dorothy Whitaker  
Signature

**COMPLAINANT ELECTION OF A  
FINAL DECISION ON A COMPLAINT OF DISCRIMINATION**

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[Please check one option box below.]



**OPTION A - REQUEST FOR A HEARING AND DECISION**

**Equal Employment Opportunity Commission  
Phoenix District Office  
3300 N. Central Avenue, Suite 690  
Phoenix, AZ 85012-2504**

Dear Sir/Madam:

I am requesting the appointment of an Equal Employment Opportunity Commission Administrative Judge pursuant to Title 29 Code of Federal Regulations (C.F.R.) Section 1614.108(g). I hereby certify that either more than 180 calendar days have elapsed from the date I filed my complaint, or I have received a notice from the Agency that I have thirty (30) calendar days to elect a hearing or a final agency decision.

My name: DOROTHY WHITAKER  
PLEASE TYPE OR PRINT

Agency: INDIAN HEALTH SERVICE  
Name & Address 801 THOMPSON AVE  
ROCKVILLE MD 20852

Agency File No.: HHS-IHS-0406-2014

In accordance with 29 C.F.R. § 1614.108(g), I hereby certify that I have sent a copy of this request for a hearing to the following person at the Agency:

Sarah Nelson, Director  
Diversity Management and EEO  
Indian Health Service  
801 Thompson Ave., Ste. 120 (TMP-660)  
Rockville, MD 20852

Amy Decker  
Signature of Complainant or Representative

April 6, 2015  
Date